

VMP PRESCRIBED BURN PLANNING (Form 2) (7000)

(October 2002)

TO: DUTY CHIEF, Region OPS

FROM: _____ UNIT

This form is to be used year round for VMP burns. Complete the form as early in the planning process as possible, and update it as conditions change. North Ops and others using this form will assume the burn will take place as prescribed below unless an update is received.

1. Date: _____ Time: _____ Report By: _____
2. Report Status (Initial, Update, Cancellation, etc.): _____
3. VMP#: _____ VMP Name: _____ Incident No.: _____
4. Location: _____
5. Target Start Date: _____ Time: _____
6. Expected Release of Equipment: Date: _____ Time: _____
7. Acres to be burned: _____
8. Cooperating Agencies: _____
9. Assigned Resources by Agency: (SR= Single Resource
ST = Strike Team)

CDF

Engines
Dozers
Crews
Helicopter
Helicopter
Service Unit
Water Tender
Overhead

10. Contact Person: _____ Phone
Numbers(s)

Upon receipt, North Ops to forward to Region Chief, Area Chiefs,
Deputy Chief-VMP Sac

PRESCRIBED Burn IC: Signature _____
Date: _____ Time: _____

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